



September 23, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate
Washington, D.C. 20510

Dear Speaker Pelosi and Leader Schumer,

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 133,500 family physicians and medical students across the country, I write to support the following provisions in the Build Back Better Act passed by the Ways and Means and Energy and Commerce Committees. If enacted, these provisions will invest in the primary care workforce, improve health equity, increase access to health coverage, address vaccine confidence, and strengthen our public health infrastructure.

Primary Care Workforce Investments: THCGME Program & Community Health Centers (Sec. [31004](#), [31003](#), [31007](#))

The AAFP supports the inclusion of \$6 billion for the Teaching Health Center Graduate Medical Education (THCGME) Program as well as funding for THC infrastructure improvements. The funding will help increase access to care for rural and urban medically underserved Americans by training more primary care physicians to serve these populations. The Academy has been a strong [advocate](#) of the THCGME program, a critical program to address the maldistribution and shortage of primary care physicians.

Community Health Centers (CHCs) are a critical source of primary care for the nearly 29 million patients they serve - many of whom are uninsured and underinsured. The \$10 billion for capital improvements will allow health centers to expand their facilities and workforce to ensure high-quality patient care into the future. The AAFP long [advocated](#) for increased investment in CHCs as a means to improving health disparities and increasing access to primary care. Ninety percent of the physicians working in CHCs are primary care physicians – the majority of those family physicians—and they provide health care to communities that are most in need.

Strengthening and Diversifying the Physician Pipeline (Sec. [137601](#), [137603](#))

We applaud the creation of the new Pathway to Practice Training Program, which would help diversity and strengthen the physician pipeline by providing scholarships to underrepresented and economically disadvantaged students, as well as the addition of 1,000 GME new slots for these students beginning in FY 2027. Studies show that patient satisfaction and health outcomes are improved when health providers and their patients have concordance in their racial, ethnic, and language backgrounds.^{1,2} Evidence also indicates that physicians typically practice within 100 miles of their residency program. The current maldistribution of physicians results in access barriers and disparities in health outcomes for patients living in rural and underserved communities. The AAFP [supports](#) the realignment of GME funding to address the projected shortage of up to 48,000 primary care physicians by 2034 and increase access to the communities that need care the most – as well as [developing](#) a family medicine workforce that is as diverse as the U.S. population.³

STRONG MEDICINE FOR AMERICA

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Health Care Coverage: Access and Affordability (Sec. [30601](#), [30602](#), [30603](#) [137501](#), [137504](#), [137505](#), [137506](#))

The AAFP is supportive of continuing the enhanced subsidies for ACA marketplace plans made possible by the American Rescue Plan. Recent analysis has shown the uninsured rate has been steady at 11% throughout the pandemic, due in large part to the current subsidies in place.⁴ Extension of these subsidies will ensure individuals continue to have access to affordable, comprehensive coverage. The AAFP also [supports](#) funding for states to establish reinsurance and affordability programs which would allow states to experiment with different approaches to lowering individual market premiums while protecting access to essential health benefits.

Addressing the Medicaid Expansion Coverage Gap (Sec. [30701](#))

The AAFP supports efforts to provide coverage for low-income individuals in states that decided to forgo the ACA's Medicaid Expansion. Closing the Medicaid expansion coverage gap would grant over 2 million uninsured Americans access to health coverage, including many Latino families who have been disproportionately impacted by their state's decision not to expand Medicaid.⁵ Family physicians have repeatedly [called](#) upon states to expand Medicaid to avoid coverage gaps, and in the absence of state action, we support alternative options to cover individuals who would otherwise be eligible. The AAFP [believes](#) that all people should have affordable health care coverage that provides access to evidence-based services – including access to comprehensive and longitudinal care.

Medicaid Reentry Act (Sec. [30725](#))

The Academy is supportive of allowing Medicaid coverage for incarcerated individuals to automatically begin 30 days prior to their release. We know that incarcerated individuals have significant health care needs and face multiple barriers to obtaining health insurance and access to care. This provision will facilitate better care continuity as part of community reentry, including for those with substance use disorders. The AAFP [supports](#) the funding and implementation of successful re-entry models and other evidence-based programs to assist those who have recently been incarcerated.

Permanent Extension of CHIP (Sec. [3080](#))

The Children's Health Insurance Program (CHIP) has been an essential source of children's coverage, ensuring access to high-quality, affordable, health care for children – approximately 8 million children are covered through the program. Making CHIP permanent would ensure that the health coverage of children is no longer subjected to arbitrary deadlines and funding cliffs that lead to uncertainty and stress for families across this country. The AAFP has long advocated for access to affordable [health care for all](#), including protecting and strengthening safety net programs.

Medicaid & CHIP: 1-Year Coverage for Postpartum Women (Sec. [30723](#), [30804](#))

As the largest single payer of maternity care in the U.S., covering 43% of births nationwide, Medicaid has a critical role to play in ensuring healthy moms and babies.⁶ Yet under current law, Medicaid coverage based on pregnancy status ends 60 days postpartum. The American Rescue Plan created a voluntary option for states to extend postpartum coverage, but a permanent solution across all states is needed to ensure access to continuous care for pregnant people in the months following birth. According to the Centers for Disease Control and Prevention, nearly 23% of pregnancy-related deaths after the day of delivery occur between six weeks after delivery and the end of the first year. The AAFP [supports](#) this provision as an important way to address the disparities in maternal health and improve outcomes.

Medicaid & CHIP: 1-Year Continuous Coverage for Children (Sec. [30724](#), [30805](#))

Medicaid and CHIP provide critical health coverage to more than 45 million children. Unfortunately, many lose their health coverage each year – despite often still being eligible – because of the cycle of enrollment and disenrollment called “eligibility churn.” We know that interruptions in coverage worsen health outcomes and lead to avoidable hospitalizations or emergency room care for chronic disease exacerbations and untreated acute illness. The AAFP's [Medicaid principles](#) support continuous eligibility

for at least 12 months, since it ensures our most vulnerable maintain coverage and helps physicians maintain strong relationships with their patients and provide continuous care.

Investments in Maternal Health (Sec. 31041, 30145, 30147, 30148, 31049, 31053, 31055, 31056)

We [support](#) the various provisions included from the Mommibus totaling over \$1 billion in the Build Back Better Act that fund programs to reduce maternal morbidity and mortality, address social determinants of health, and improve health equity. The United States is the only industrialized nation where maternal deaths are on the rise. According to the Centers for Disease Control and Prevention, approximately 700 pregnancy-related deaths occur in the U.S. each year and 60% of these deaths are preventable. Family physicians see firsthand the unique barriers that patients face – especially in patients of color and rural residents – and the AAFP has consistently [advocated](#) for policymakers to address our nation’s maternal health crisis.

Public Health Investments (Sec. 31001, 31022, 31025, 138504)

The AAFP supports the \$7 billion in public health infrastructure spending through grants to state and local health departments. The COVID-19 pandemic has highlighted the need to increase federal investment in our public health infrastructure so our health care system can be appropriately equipped to response to future public health emergencies. As outlined in the AAFP’s [position paper](#), family physicians play an integral role in achieving public health goals.

We support the \$1.25 billion to increase vaccine confidence and improve rates of routine vaccinations. Unfortunately, as result of the pandemic, routine vaccination rates, across all ages, have plummeted– leaving communities vulnerable to preventable disease, illness, and outbreaks. Data indicates up to a 26% drop for MMR, DTap, and Polio vaccines between January and September of 2020.⁷ We know that family physicians, as trusted sources of information, play an [integral role](#) in improving the health of the public by diagnosing and treating their patients, including counseling patients and administering vaccines.

The Academy also applauds increasing the federal tax on cigarettes to \$2.01 per pack. Decades of economic studies and Surgeon General reports show that significantly increasing the prices of tobacco products can reduce and prevent youth use of tobacco products. Smoking remains the leading preventable cause of premature disease and death in the U.S. Family physicians see first-hand the negative impact that smoking takes on their patients, and [supports](#) the increase in federal tax to improve health outcomes - particularly for our youth.

We look forward to working with you to preserve these provisions as Congress finalizes the reconciliation package over the next several months. Should you have any questions, please contact David Tully, Vice President of Government Relations at dtully@aafp.org.

Sincerely,



Gary L. LeRoy, MD, FAAFP
Board Chair
American Academy of Family Physicians

¹ Cooper LA, Powe NR. [Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance](#). The Commonwealth Fund. Accessed September 22, 2021.

² Poma PA. Race/ethnicity concordance between patients and physicians. J Natl Med Assoc. 2017;109(1):6 -8.

³ AAMC. (2021, June 11). [AAMC report Reinforces Mounting Physician Shortage](#). AAMC. Retrieved September 21, 2021, from <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

⁴ Karpman, M., & Zuckerman, S. (2021, August 23). *The uninsurance rate held steady during the pandemic as public coverage increased*. Robert Wood Johnson Foundation. Retrieved September 15, 2021, from <https://www.rwjf.org/en/library/research/2021/08/the-uninsurance-rate-held-steady-during-the-pandemic-as-public-coverage-increased.html>.

⁵ Whitener, K., Snider, M., Corcoran, A., (2021, June 29). Expanding Medicaid Would Help Close Coverage Gap for Latino Children and Parents. Center for Children and Families. <https://ccf.georgetown.edu/2021/06/29/expanding-medicaid-would-help-close-coverage-gap-forlatino-children-and-parents/>.

⁶ Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. January 2020. Retrieved from: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-FinancingMaternity-Care.pdf>

⁷ Blue Cross Blue Shield. (2020, November 18). *Missing Vaccinations During Covid-19 puts our Children & Communities at Risk*. Blue Cross Blue Shield. Retrieved September 21, 2021, from <https://www.bcbs.com/the-health-of-america/infographics/missing-vaccinations-during-covid-19-puts-our-children-and-communities-at-risk>.